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APPLICANTS
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**** CONTINUING DATA *******
NONE

**** FOREIGN APPLICATIONS *******
NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
** 02/01/2001

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Verified and Acknowledged
Examiner's Signature: [Signature] Initials: [Initials]

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TITLE
Integrated instructional management system and method

FILING FEE RECEIVED 1271	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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